

## Hiring, Training and Keeping Workers

### I. Priorities – What to Keep

#### A. Online training

- a. Person-Centered: Depends on training topic [14-Yes, 4-No]
- b. Respect: Internet may not be available [15-Yes, 1-No]
- c. Independence/Interdependence: Makes people dependent on technology; Trainings challenge due to schedule/time. [13-Yes, 1-No]
- d. Choice/Self-Determination: Not tied to agency trainings – offers choice on how to complete; Consistent; Can choose most convenient time to complete training. [16 – Yes]
- e. Health, Safety and Well-being: May not work for everyone; Maintains/Provides important knowledge necessary for job. [16-Yes, 1-No]
- f. Inclusion in the Community: Makes it so staff have training and are available to provide supports and increase; Chances of inclusion [14-Yes, 1-No]
- g. Relationships: Access to online training gives more time or flexibility of time to support person and complete training; Training takes human element out of experience which is necessary for some trainings. [14-Yes, 2-No]

#### B. Self-Advocates Running Training

- a. Person-Centered: [17- Yes]
- b. Respect: Help support staff develop understanding to how to support/treat person. [17-Yes]
- c. Independence/Interdependence: [17-Yes]
- d. Choice/Self-Determination: Person part of process; Information important to person is shared. [17 – Yes]
- e. Health, Safety and Well-being: Support staff get to know the person better and well-being needs [17 – Yes]
- f. Inclusion in the Community: Training process transparent to person receiving support. [17 - Yes]
- g. Relationships: [17 - Yes]

#### C. Therapeutic Options with Refresher Training

- a. Person-Centered: Training is to ensure people receiving supports are not restrained; Focuses on increasing ability to communicate; Restraints are last resort, option only. [17 – Yes]
- b. Respect: Focus is so people do not put hands on each other/restrain; Not personalized to person being supported. [14-Yes, 3-No]

- c. Independence/Interdependence: Opportunities to provide personal growth for people; Person is involved in behavior support plan development is necessary. [10-Yes, 3-No]
  - d. Choice/Self-Determination: Choice taken away from person if restraints are used; Can increase options for people to communicate needs – less likely to become emotionally dysregulated (?). [9-Yes, 4-No]
  - e. Health, Safety and Well-being: Gives ok/permission to restrain; Needed as last resort to keep specific person safe; Numerous committees review any plans involving restraints. [14-ish Yes]
  - f. Inclusion in the Community: Increase ability to engage and enjoy community activity; Supports not invisible – identify person with disability; Training is option to avoid institutionalization due to possible risk; Restraints in public – “Community turns on you,” treats you as dangerous. [6 – Yes, 7 – No]
  - g. Relationships: Training is to support building supportive relationships; Support staff skills are established prior to working directly with person – decreases likelihood to restrain to “control” situation; If all support staff response is not consistent – relationships can be damaged.
- D. Staff Satisfaction Builds Recruitment

## **II. Priorities – What to Explore**

### **A. Staff Mentors**

- a. Independence/Interdependence: Dependent on how it’s done!
  - i. Person-Centered [7-Yes, 0-No]
  - ii. Respect [9-Yes, 0-No]

### **B. Public Venues to promote consumer talents**

- a. Respect: HIPAA protections

### **C. Statewide resources for contracted workers**

### **D. Relationships with contracted staff – venues for employers/es to collaborate/get training and support.**

## **III. Summary Sheets**

### **What’s working/What to Preserve**

- A. Preplanned Online Training – available for all staff. Recruitment, training and keeping staff
- B. Self-Advocates run staff training

- C. Therapeutic options and refresher trainings – provocative
- D. Employee/staff satisfaction builds support/recognition/recruitment effort in community.

**Idea's to Explore – Important conversations about how these will align – make them align**

- A. Staff mentors + peer to peer support
- B. Public venues to promote consumer talents. Poetry/art – teach the community
- C. Statewide resources – look at staff hours, time of day. Staffing (contracted), training. DDSD – Hub for training, information.
- D. Examine relationships with contracted staff/venues for employers and employees to access info/collaborate/training. Networking.

#### **IV. Work Sheets<sup>1</sup>**

**A. What is working / needs to be preserved? [Red dots]**

**Group 1**

1. Vermonters aware of disabilities early [4]
2. Benefits start and 30 hours/week [2]
3. Time off benefits start about 20 hours/week [2]
4. Wage increase to \$14/hour or higher than minimum wage [2]
5. Internships become employee [2]
6. Getting trainings – consistent, in-house staff [2]
7. Word of mouth from satisfied staff [5]
8. Matching right person to role [2]
9. Therapeutic options trainings and refresher training [5]
10. Pre-planned training schedule [6]
11. At home training – no travel/accessibility [2]
12. Face to face outreach [1]
13. Opportunities for growth
14. Access to management [1]
15. Background checks [1]

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<sup>1</sup> The “+ number” indicate the number of times a concept was mentioned if more than once. The “[numbers in brackets]” indicate the number of dots (either red or green) used to prioritize the concepts.

## **Group 2**

1. Ongoing training and communication
2. Consumer interview workers (potential) [3] Good communication from agency to family/consumer [3]
3. Internet job postings – more timely
4. Local job fairs (quarterly) [3]
5. Hiring committee just for DDS at agency
6. Referral process with incentive for staff [1]
7. Online trainings – annual for all staff [5]
8. Bump in pay for direct support staff [3]
9. Staff recognition – ongoing and annual awards [2]
10. HR tracking of training/training notices regularly [2]
11. Training committee [3]
12. Small team retreats – boost morale [1]
13. Applicants with personal experience supporting persons with disability [1]
14. Self-advocates run staff training [6]
15. Open minded applicants
16. Agency staff have benefits [3]
17. Cross training at agencies [6]

## **B. What are the challenges?**

### **Group 1**

1. Lack of understanding re: career option @ HS & college level
2. Cultural & linguistic competency should be a value – inc. into recruitment/training
3. Disparity in pay-self/family managed vs. agency-managed
4. SLPs don't have experience as supervisors
5. Inconsistent/less available training
6. Lack of access to recruiting activities
7. Registry – not well understood
8. Lack of opportunities for SLPs and/or families to collaborate
9. No benefits for self/family-managed workers
10. Salary
11. Coverage issues
12. Time off to attend trainings
13. Applicant motivations
14. Matching staff with right consumers
15. Wait time for new staff orientation

- 16.Pod of workers for SLPs
- 17.Agency compression related to Med. Bump
- 18.Lack of applicant values/work ethic
- 19.Expectations of workload
- 20.Turnover due to salary/pay levels
- 21.Hard to find staff to work in unbenefited part-time position
- 22.Career path is limited
- 23.Opportunities for higher education
- 24.Access to supervisory time
- 25.Staff qualities/match with person – many factors
- 26.Lack of professionalism/work skills
- 27.Training re: community supports/creativity
- 28.Training in values/history/inclusion

## **Group 2**

1. Inconsistent coverage – support staff
2. Time background check takes
3. Communication with hiring process
4. Flexibility in funding
5. Younger people hired for entry level positions – may not stay in field
6. Variance process knowledge and risk to hire
7. Lack of resources to provide knowledge (where to go)
8. Ability to give raises
9. Low starting wage and cost of benefits
- 10.People who can receive benefits
- 11.Available staff, funding, time to provide trainings
- 12.Unable to train values
- 13.Personal care tasks to complete
- 14.Employer of record have to compensate for wage
- 15.Lack of team communication
- 16.Burnout
- 17.Lack of workers

### **C. What do we need to explore / learn about? [Green dots]**

#### **Group 1**

1. Hire attitude
2. More in-depth interview process [1]
3. Hire self-advocates/consumer lead staffing models
4. Cross-training (across DA divisions) [3]
5. Maintaining connection to agency for staff in the field
6. Connections with colleges via College Steps [2]
7. Venue for employers/also employees – to gather and share info/training opportunities [3]
8. Training to become an employer
9. Community college credit [1]
10. Explore helping staff get a degree [2]
11. Use of technology across the board [4]
12. Creating VALUE for this work [3]
13. Staff mentoring [5]
14. Regional recruitment [1]
15. Incentives/recognition for staff commitment and longevity [1]
16. App for matching staff and consumers [3]
17. Better data gathering and evaluation [1]
18. Support for staff – ongoing – considering safety [1]
19. Community engagement/outreach/promoting consumer – gifts/abilities/talents in public [8]

#### **Group 2**

1. Provider dashboard for people/families [3]
2. Resource platform for support options/ideas [2]
3. Online forums – social networks [4]
4. Marketing options/development [2]
5. Associations outside of agencies (home providers) – decrease cost for insurance, increase support from coworkers/peers, increase networking, increase sharing resources [5]
6. Statewide information – list of contracted staff, trainings [7]
7. Trainings available for management [3]
8. Training options [2]
9. Peer opportunities [2]
10. Examine relationships with contracted staff [6]
11. Rethink supervision and managing staff [2]

## **E. “Stickies”**

### **A. What is working / needs to be preserved?**

1. Online trainings – annual for all staff
2. Self-adv. Run staff training
3. Cross training @ agencies
4. Word of mouth from satisfied staff
5. Therap. Options/refresher
6. Preplanned trainings
7. Access to available people – UVM, Johnson
8. Familiarity in Vermont of people with disabilities
9. Word of mouth fueled by job satisfaction
10. Building relationships

### **B. What are the challenges?**

1. Locations VT remote cover bigger areas (training)
2. Everyone knows “autism,” not many know “Fragile X”
3. Finding someone who wants to provide direct care – wiping bottom, showering, hand washing, safety
4. No family
5. Medical providers Do Not know about the biology of FXS
6. Background checks, lack of supervision, burnout, low wages

### **C. What do we need to explore / learn about?**

1. Funds to send workers to trainings, i.e. FXS conference
2. Funds for mileage
3. Online forums, Facebook – Associations/organizations separate from agencies
4. Stagnation/boredom
5. Staff need to feel valued/what helps them to feel valued

### **D. Not sure which category**

1. Direct support needs
2. Documentation needs
3. Keeping abreast of state/federal changes in requirements
4. Safety and ongoing support for workers
5. People have very different needs
6. Not all agencies are doing the same trainings
7. It’s hard to make sure that everyone is getting good trainings

8. People get burned out
9. Low unemployment rate
- 10.\$ to recruit and train
- 11.Pay \$
- 12.Lack of understanding about what the job is
- 13.Previous bad experiences in a caregiver role
- 14.Time for leadership to provide supervision
- 15.Getting staff to trainings
- 16.Management time and involvement (short of time)
- 17.Slowing down training process
- 18.Individuals part of trainings
- 19.Staff being able to work together & be creative
- 20.Direct support week
- 21.Celebrating staff
- 22.More money to pay better 😊
- 23.Need for dedicated staff to recruit and train
- 24.Opportunities for advancement & professional development
- 25.Building positive work culture
- 26.Access to benefits
- 27.Rate of pay
- 28.Innovative training ideas like working with high school career centers
- 29.Job fairs – regional statewide
- 30.Regular interaction with local businesses
- 31.Online venues – Front Porch Forum, Facebook, etc.
- 32.Building positive presence in the local community
- 33.Connection with local colleges
- 34.Newspaper ad recruitment
- 35.Pay increase helped reduce turnover
- 36.Statewide training consortium is a good idea
- 37.Some agencies do a great job with training
- 38.Online pre-service is good
- 39.People get good trainings
- 40.Getting the word out
- 41.Flexibility for hiring (with agency/shared management) (coordination of hours to meet individual needs)
- 42.Opportunities for collaboration with other workers (agencies)
- 43.Cross training available in agencies
- 44.Most agency staff benefited
- 45.Potential for coordinated trainings agencies



46. Agencies moving toward more consistent and coordinated training
47. Agencies now paying higher starting rates (\$14.00)
48. Open minded Applicants
49. Attitude of people hired
50. Self-advocacy run-staff training
51. More people applying that has a personal experience
52. Communication from agency to family about staffing situation
53. Staff gets ongoing training in communication
54. Consumer gets to interview potential staff
55. Explore ways to increase consumer-led staffing models
56. How do we get society at large to view being a DSP as a valuable/valid career option?
57. We need to explore more about technology in supporting people w/DD and their staff
58. Formalize the career & training path of DSP's – training in disability history. Communication skills, person-centered thinking, presuming competence
59. Staff able to meet the intellectual needs of client
60. Hard to keep appropriate staff (gender-wise, age-wise)
61. Lack of professionalism (not showing up, not keeping commitments) i.e. poor basic job skills
62. Poor pay – can't keep a good staff member for any length of time
63. Lack of training in community support skills
64. Lack of adequate supervision of staff
65. Staff not having a grounding in history of disability movement – treating client disrespectfully
66. Ability to keep staff – after investing time and training (turnover)
67. Additional funding for trainings
68. Centralizing training process
69. Hiring self-advocates
70. Hiring for attitude
71. Maybe more in depth interview
72. Salary
73. Staff being given the time to attend training
74. Getting coverage for client when training is happening
75. Matching with right clients
76. People applying for wrong reason
77. Regional recruitment (2 or 3 agencies work together?) maybe?

78. Build stronger linkages to different educational programs – high schools/comm. Colleges
79. Incentives for staff commitment/longevity
80. Mission & value-driven training
81. Internal work in professional development opportunities
82. Utilize self-advocates to assist in training & Mentoring
83. Internal work to build in more mentoring, job shadowing @ agencies
84. Experience and knowledge of senior leaders who helped create existing system
85. Commitment to values is considered as par to “fit” with agencies
86. Involvement of self-advocates & family advocates
87. Flexibility of people and families to hire who they want
88. Many who have a personal connection choose to do this work
89. Who is in position/role increase turnover effects
90. Resources available across state; experts, info
91. Limited pool of people – students schedules
92. Access to DDSD staff
93. Recruitment: word of mouth
94. In house knowledge for trainings
95. Families/people hiring staff they already know
96. High turnover = less historical knowledge in house
97. Knowledge of state resources available for training
98. Time for others to train new staff
99. Time it takes for background check
100. Skilled supervisors
101. Travel
102. Can’t always teach values
103. One training does not mean understanding